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ABSTRACT

Gay, lesbian, bisexual, and transgendered youth are largely unsupported by health service providers, educators, and parents. Problems facing these youth, especially feelings of being isolated and invisible, are far greater than expected. Discrimination and prejudice stemming from a lack of accurate information is the norm, although small pockets of support are growing in number. This report examines the health issues of gay, lesbian, bisexual, and transgendered youth in the South Fraser Region, the resources currently available to help them, and the strategies needed to improve their health. Health risks are significantly higher for them, and are largely attributed to the societal discrimination. Health risks include depression, suicide, verbal and physical assault, homelessness, school drop-out, substance abuse, and HIV infection. Individual health service providers, regional health boards, the Ministry for Children and Families, and the Ministry of Education must become involved in developing and implementing policies and strategies to improve the health of this group. Such strategies include educating health service providers, school staff, and the general public; promoting acceptance in schools and society in general; strengthening self-help networks; and conducting further research into health issues related to the needs of this group. (Contains 29 references.) (EMK)

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ED 460 301

Isolated and Invisible

Gay, Lesbian, Bisexual and Transgendered Youth

South Fraser
Health Region

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Boundary Health Unit

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Isolated and Invisible

Gay, Lesbian, Bisexual and Transgendered Youth

Report for the South Fraser Regional Health Board
March 1998

by Patricia Shelby, R.N., B.Sc. N
Public Health Nurse
Boundary Health Unit

This report was funded by the Boundary Health Unit and the South Fraser Regional Health Board. Copies are available from:

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This report has been previewed by...

- Rhamona Vos Browning - Youthquest! Coordinator
- Amy Rein - North Surrey Mental Health
- Elizabeth Hadley - Drug and Alcohol Counsellor, Langley Family Services
- Pat Gilchrist - Ministry for Children and Family

This report will be forwarded to...

- South Fraser Region Diversity Committee - Sonya Kupka
- Sub-committee looking at School aged children not in school, Langley - Dyan Burnell
- Delta Teen Suicide Task Force - Martha Baldwin
- South Fraser Regional Child and Youth Committees (Delta, Surrey, White Rock) - Judy Kilcup
- Rainbow Community Health Co-op - Monica Verma

Special thanks to the youth and parents who shared their personal stories

Isolated and Invisible

Gay, Lesbian, Bisexual and Transgendered Youth

Report for the South Fraser Regional Health Board
March 1998

Executive Summary

The Canadian Charter of Rights and Freedoms and the B.C. Human Rights Code guarantee that gays, lesbians, and bisexuals people are treated as equals in society -- but the reality is that this segment is subject to widespread ignorance and discrimination. This discrimination has a direct effect on the health of gay, lesbian, bisexual, and transgendered youth in the community.

Recently, some gay youth dared to speak out to health service providers about their feelings of being isolated and invisible. When the health service providers did a bit of exploring, they discovered that the problems facing these youth were far greater than anyone expected and deserved further attention.

This report examines the health issues of gay, lesbian, bisexual and transgendered youth in the South Fraser Region, the resources currently available to help them, and the strategies needed to improve their health.

A review of current literature reveals that gay, lesbian, bisexual, and transgendered youth have significantly higher risks of depression, suicide, verbal and physical assaults, homelessness, school drop-out, substance abuse, and HIV infection. There are many barriers that prevent this group of young people from accessing the health care system.

Strategies to improve the health of gay, lesbian, bisexual, and transgendered youth include:

* educating health service providers and the general public about this group of young people;
* strengthening self-help networks and developing local support groups;
* promoting acceptance of this group in schools and society in general;
* acting as role models for change; and
* conducting further research into health issues related to the needs of this group.

This report contains further detail on specific steps that can be taken in each of these areas.

Working together, the Regional Health Board, the Ministry for Children and Families, and the Ministry of Education can improve the health of gay, lesbian, bisexual, and transgendered youth. These organizations need to form a working group to determine how best to implement these strategies.

1. Introduction

First, let's briefly define the terms gay, lesbian, bisexual and transgendered:
Gays (homosexual males) and *lesbians* (homosexual females) are emotionally and physically attracted to individuals of the same sex. *Bisexuals* are attracted to either sex (Schneider, 1988). A person who is *transgendered* dresses or lives in a gender different from their biologically assigned gender (for example, a person who feels like a woman trapped in a man's body) (Schneider, 1988: Namaste, 1994). Transgendered people can be heterosexual, bisexual, or homosexual.

The gay, lesbian, bisexual, and transgendered communities are each individual, diverse, and complex groups with distinct issues. Transgendered people, for example, have unique health care issues related to sex reassignment surgery, hormone therapy, counselling, and access to services (Beemer, 1996). There is little research available for this group but people who work with transgendered people say their issues are profound. For the sake of brevity, however, this report will refer to gay, lesbian, bisexual, and transgendered youth collectively as a group, and discuss issues that affect all of them. Most of the research in this area has been with homosexual males.

Some people believe that a person's sexual orientation is decided by choice and that a homosexual can be converted to a heterosexual by proper counselling (such as a currently popular program called *reparative therapy*). It is probable that sexual orientation actually has a biological, genetic determination (Kroll and Warneke, 1995) and cannot be changed with counselling. The American Psychological Association states that there is "no scientific evidence supporting the effectiveness of any conversion therapies" and they "oppose all portrayals of lesbian, gay and bisexual people as mentally ill and in need of treatment due to their sexual orientation" (American Psychological Association, 1997).

Some gay, lesbian, bisexual, and transgendered youth negotiate through adolescence with strong support and go on to enjoy positive fulfilling lives (Sanford, 1989; Savin-William, 1994). Many such young people, however, are unable to overcome the negative social environment they grow up in. This report will talk about some of the health issues this group faces and look at ways of addressing these issues in the South Fraser Health Region.

"When I was in grade 5, I was just starting to question my own sexuality and actually that's when all the kids that age are starting to become more sexually aware. That's when I started my big withdrawal from the other boys... I just wasn't like them. I was actually taken out of my school for the last 2 months of grade 5 and put in Children's Hospital...their Behavioral Analysis Ward... and of course that issue (same sex sexual orientation) never came up. How could anyone as young as 11 or 12 years old be possibly considering anything like that? There was not one single mention of it. It was just not something anybody ever thought to ask. I was given every possible kind of test that they could possibly conceive of... intelligence IQ, physically coordination, urine samples, blood tests, EEG's ...but they never ever came to something as simple as that.

Long before I even thought about questioning my sexuality, I had been watching TV with my parents...and a question just popped into my mind..."why is it always a boy and a girl in the shows that always date each other, why isn't it a boy and a boy or a girl and a girl?" ...and my parents just informed me that <u>it didn't exist</u>. So when it started to develop in my mind, when I was older... I just figured I was some complete and total mutant ...like there was something wrong with me in a big way...and that there was no way I was ever going to mix with people. I just...detached from everybody... and was taken out of school. The issue (of same sex sexual orientation) never once came up."

2. Prevalence

We often think of sexual orientation as being an adult orientation but awareness of a "difference" actually starts in childhood (Remafedi, 1994; Sanford, 1989;). Self-acknowledgment of same sex sexual orientation often occurs around 14 to 16 years of age (D'Augelli and Hershberger, 1993; Grossman, 1994). For many gay, lesbian, bisexual, and transgendered youth, acknowledging their sexual orientation is a long process that takes many years (Schneider, 1988; Kroll and Warneke, 1995).

Although it is often assumed that homosexuals are easily identified by mannerisms, speech, and gender-role behavior, this is, in fact, a myth (Schneider, 1988; Grossman, 1994). Gay, lesbian, bisexual, and transgendered youth come from all ethnic communities (Remafedi, 1994) and many live invisibly within the community (Grossman, 1994; Remafedi; 1994; Kroll and Warneke, 1995).

> *"In my community... a brown community... a lot of brown people think that it is a white thing... I feel so sorry for (gay brown people) because they cannot come out."*

The numbers of gay, lesbian, bisexual, and transgendered people are controversial. Although prevalence statistics for homosexuals vary widely from 1% to 11.6% of the general population, most researchers report that 5% to 10% of the general population would describe themselves as part of this group (Schneider, 1988; Treadway and Yoamen, 1992; Remafedi, 1994; Gibsons and Saunders, 1994). As long as discrimination against this group exists, the exact prevalence will be almost impossible to ascertain.

In the South Fraser region there are approximately 76,000 youth aged 10 to 19 years of age (BC Statistics, 1997) and **about 3,800 to 7,600 of these youth may some day describe themselves as gay, lesbian, bisexual, or transgendered.**

The issues discussed in this report affect not only the youth themselves but also their parents and siblings. Also affected are straight youth who have same sex parents.

3. Health Issues

There are health risks involved in being gay, lesbian, bisexual, and transgendered. The literature agrees that most of the risks are not inherent in being gay, lesbian, bisexual, and transgendered but lie in society's negative response to these individuals (Hersberger and D'Augelli, 1995; Grossman, 1994). Those risks include verbal and physical assaults, depression, suicide, homelessness, school drop-out, substance abuse, and HIV infection. These issues are discussed in more detail...

• Depression and Suicide

Gay, lesbian, bisexual, and transgendered youths experience more depression than the general youth population (D'Augelli and Hershberger, 1993; Gibsons, 1989).

The incidence of suicide in this group varies with different studies. Gay and lesbian youth have been found to be 2 to 7 times more likely to attempt suicide than their heterosexual counterparts (Remafedi, 1998) and comprise nearly 30% of completed youth suicides, although they make up only 5% to 10% of the population (Remafedi, 1994; Kroll and Warneke, 1995).

> *"It was very difficult, especially as a teenager, to form close friendships with girls... I didn't have much in common with them. I developed a reputation for being a loner and not very sociable. My isolation was further increased by my belief that my condition, whatever it was, was unique to me. I could understand why people in similar situations committed suicide."*
>
> *transgendered female*

These high rates of depression and suicide are related to the discrimination and isolation these youth face from family, friends, and society in general (Grossman, 1994, Hersberger and D'Augelli, 1995; Savin-Williams, 1994, Remafedi,1994; Kroll and Warneke; 1995). Where other marginalized groups can get support from family or peers, gay youth are most often alone (Kruks, 199; Remafedi, 1994; Kroll and Warneke, 1995). Gay, lesbian, bisexual, and transgendered youth are subjected to frequent verbal and physical abuse (Savin-Williams, 1994; Remafedi, 1994), which can lead to lower self esteem, self-hatred, and despair (Schneider, 1988). These youth eventually become socialized to hate themselves (Chappell and McLinnis, 1997). Self-hatred lends itself to drug and alcohol abuse, risky behaviours (sexual and others) and suicide (Kroll and Warneke, 1995).

"He was beaten so many times...but nothing happened (to protect him) and eventually, I guess, he couldn't handle it and he killed himself in his school... it makes me so angry that people are going to be turning a blind eye to this."

Even gay, lesbian, bisexual, and transgendered youth who have kept their sexual identity a secret do not escape harsh treatment; they must listen in silence to derogatory comments. Trying to pass as heterosexual requires constant vigilance and deception, which can lead to chronic anxiety, diminished self esteem, and depression (Gibsons, 1989; Kruks, 1991).

• Alcohol and Drug Use

Gay, lesbian, bisexual, and transgendered youth are more at risk for alcoholism and drug use than their heterosexual counterparts (Denenberg, 1995; Remafedi, 1994). Gay, lesbian, bisexual, and

transgendered youth are 1.6 times more likely to report heavy or high risk drug use compared with their heterosexual counterparts (The 1995 Seattle Teen Health Risk Survey, 1996). Alcohol and drug abuse can lead to many other health problems, such as depression, suicide, accidental injury, malnutrition, and cirrhosis.

A National Health Interview in 1987 found adult lesbians smoke more cigarettes than their straight counterparts, putting them at greater risk for lung and heart disease (Denenberg, 1995). Smoking, along with other drug use, usually starts in adolescence.

• HIV infection

Gay, lesbian, bisexual, and transgendered youth have a higher risk of acquiring HIV infection than the general youth population (Health Canada, 1996, Namaste, c1994; Denenberg, 1995).

Gay, lesbian, bisexual, and transgendered youth are unable to participate in mainstream dating yet they experience the same needs as straight youth. Social isolation, decreased self-esteem, decreased opportunities for safe development of relationships, lack of relevant safer sex information, homelessness, and increased exposure to intravenous drug use contribute to the increased HIV risk for gay, lesbian, bisexual, and transgendered youth (Grossman, 1994; (Health Canada, 1996).

> *"Sex education didn't have anything to do with me. Show me some safer-sex techniques for same sex couples."*

• Homelessness

Gay, lesbian, bisexual, and transgendered youth are more likely than the general youth population to live on the streets (Remafedi, 1994; Kruks, 1991). The 1994 McCreary Center study *Adolescent Health Survey, Street Youth in Vancouver* found that youth living on the street are 4 to 7 times more likely to describe themselves as gay, lesbian, bisexual or transgendered than youth attending school.

Straight parents of gay, lesbian, bisexual, and transgendered youth have the same prejudices and misperceptions as the general public (Remafedi, 1994) and thus have difficulty accepting and supporting their children. Remafedi (1994) found that only 21% of mothers and 10% of fathers were perceived to be supportive. Gay, lesbian, bisexual, and transgendered youth often experience verbal and physical abuse from parents and siblings (Savin-Williams,1994; Kroll and Warneke,1995; Schneider,1988). This abuse can push them out of their homes and into the streets without the skills and resources to cope.

> *"My parents really don't want to talk about it. They don't want to see me with my boyfriend at home. My dad has forbidden me to ever have any kind of gay literature at home. I once heard him mention to his friend that I had some faggot friend over...so I wouldn't exactly call them supportive but they haven't thrown me out of the house."*

Gay youth often receive peer acceptance and support for the first time from other street kids (Kruks, 1991), making it difficult to get them back off the streets.

Street life comes with its own health hazards. Street youth report more health problems, drug and alcohol use, cigarette use, sexual partners, sexually transmitted disease, and emotional distress than

youth living at home (McCreary,1994). Street youth are more likely to be injured in fights than their in-school counterparts and they report a greater frequency of physical and sexual abuse. Gay street youth are more likely to engage in prostitution than their non-gay counterparts (Kruks, 1991).

• School Drop Out and Low Socioeconomic Status

The drop-out rate for gay, lesbian, bisexual, and transgendered youth is 28% compared to the national average of only 9% (Remafedi, 1994). This high drop-out rate is caused primarily by the almost universal discrimination against gay, lesbian, bisexual, and transgendered young people by their peers (Chappell and McLinnis, 1997). Gay, lesbian, bisexual, and transgendered youth face severe verbal harassment six times more than their heterosexual counterparts and are three times more likely to be injured in a fight (The 1995 Seattle Teen Health Risk Survey, 1996).

> *"When I was in grade nine, I had this really big problem. There was this group of kids who just would not leave me alone. They were obsessed with the idea that I had to be gay. I really considered dropping out of school at that point"*

Dropping out of school and homelessness put gay, lesbian, bisexual, and transgendered youth at a high risk of low socioeconomic status, which has been shown through research on health determinants to lead to a poorer health status.

4. Barriers to Health Care

Health service providers rarely ask about sexual orientation and heterosexuality is generally assumed (Roberts and Sorensen, 1995). Many health service providers are ignorant of gay, lesbian, bisexual, and transgendered issues and some are even prejudiced against these groups (Roberts and Sorensen, 1995; Chappell and McLinnis, 1997; Denenberg, 1995; Sanford, 1989; Perchal and Brooke, 1996, Kroll and Warneke, 1995).

Gay, lesbian, bisexual, and transgendered youth are faced with a dilemma when meeting with a health service provider. If they keep their orientation a secret then they may not receive appropriate care (such as screening for diseases for which they are at higher risk), but if they "come out" to the health service provider then they risk discrimination and having their sexual identity leaked to parents. The consequences of being "outed" to parents who are not supportive include verbal and physical assault, forced "curative therapy", forced religious involvement, and other negative events (Savin-Williams, 1994). For these reasons, many gay, lesbian, bisexual, and transgendered youth will delay or decline necessary health care.

5. Resources for Gay, Lesbian, Bisexual, and Transgendered Youth in the South Fraser Region

• Youthquest!

Youthquest! is a Port Coquitlam-based gay, lesbian, bisexual, and transgendered youth support, resource, and advocacy agency with drop-in centres in Surrey (Guildford area), Port Moody, New Westminster, and Abbotsford. Additional sites are scheduled to open in Port Moody and Port Alberni. Youthquest! is looking for a safe location to provide a similar centre in the South Surrey/ White Rock area.

• Delta Teen Suicide Task Force

The Delta Teen Suicide Task Force was struck to review youth suicides in North Delta. The group identified sexual orientation as a risk factor for suicide. Recommendations presented to the Ministry for Children and Families and the Delta Child and Youth Committee include developing local resources to provide support for gay/lesbian youth.

6. Strategies to Improve the Health of Gay, Lesbian, Bisexual, and Transgendered Youth

Widespread ignorance and discrimination are the primary causes of most of the health issues facing gay, lesbian, bisexual, and transgendered youth. To improve the health of this group in our community, this ignorance and discrimination needs to be addressed directly. These strategies encompass more than the Regional Health Board jurisdiction. The Ministry for Children and Families and the Ministry of Education need to form a working committee to plan the implementation of these strategies.

- **educate**
    - health service providers need staff development in gay, lesbian, bisexual, and transgendered issues, including: stereotyping; bias and prejudices; same sex family dynamics; psychosocial developmental issues; the coming out process; shame and isolation; parental support; reconciling religious beliefs; accessing community resources
    - ideally, this training would be provided to both administration and front line workers, including: physicians, nurses, social workers, psychologists, counsellors, community development workers, victim assistance workers, school prevention workers, transition house workers, mental health workers, crisis shelter staff, hospice counsellors, ambulance attendants, receptionists, janitors, and other health care staff (realistically, some workers would receive more training than others)
    - health service providers educated in gay, lesbian, bisexual, and transgendered issues could display a symbol to help gay, lesbian, bisexual, and transgendered youth identify who has been educated in these issues

- youth who are becoming aware of their sexual orientation, friends and families of gay, lesbian, bisexual, and transgendered youth, and the public at large all need access to accurate information to combat stereotypical beliefs -- educational material on gay, lesbian, bisexual, and transgendered issues should be widely available to the public through resources such as public libraries and pamphlets in health care offices

• strengthen the self-help network

- develop a local chapter of Parents and Friends of Lesbians and Gays (PFLAG)
- assist with the expansion of Youthquest! (discussed in section 4) in this region
- develop gay, lesbian, bisexual, and transgendered community centres similar to "The Centre" in Vancouver, which includes a library, health clinic, and counselling and advocacy services
- develop religious support groups

• promote acceptance of gay, lesbian, bisexual and transgendered youth in the school system

- teachers do not receive any specific education on gay, lesbian, bisexual, and transgendered issues and are subject to the same misperceptions as the general population
- the Gay and Lesbian Educators of B.C. (GALE) distributed a "Handbook for Teachers and Counselors" on gay, lesbian, bisexual, and transgendered issues to every school in the

province in 1995; however, on April 10, 1997 a motion was passed notifying administrators and teaching and counselling staff that resources from gay and lesbian groups such as GALE are not approved for use in Surrey School District (Appendix B)

- a vocal citizen's group has circulated a "Declaration of Family Rights" stating they will take legal action against any school personnel who portray homosexuality as "normal, acceptable, or must be tolerated" (Appendix C)
- although the education system's Career and Personal Planning Curriculum offers a lesson on homosexuality at the Grade 10/11 level, one lesson at this level is too little too late in such a hostile environment
- schools need to be safe, inclusive environments for gay, lesbian, bisexual, and transgendered youth

• promote acceptance of gay, lesbian, bisexual, and transgendered individuals in the workplace

- employers' policies should explicitly forbid discrimination on the basis of sexual orientation
- all policies and forms should be evaluated for inclusive language which does not assume heterosexuality
- a 'report card' could be developed and used for assessment of these policies

- **act as models of change**

  - health service providers can openly model acceptance of gay, lesbian, bisexual, and transgendered individuals and act as examples for the rest of our community
  - offices should openly display gay, lesbian, bisexual, and transgendered information and resources (such as gay, lesbian, bisexual, and transgendered support groups)

- **what individuals in the community can do:**

  - learn about the gay, lesbian, bisexual, and transgendered communities and issues
  - engage families and friends in discussions about gay, lesbian, bisexual, and transgendered issues
  - model acceptance of gay, lesbian, bisexual, and transgendered individuals; challenge name-calling and harassment
  - stop assuming everyone is heterosexual; use inclusive language (such as "date" rather than "boyfriend")
  - wear a button or put up posters showing support for gay, lesbian, bisexual, and transgendered communities
  - join a gay-straight alliance
  - ask gay, lesbian, bisexual, and transgendered friends how you can be a support to them
  - "come out" if you are gay, lesbian, bisexual, or transgendered

- **support research**

  - in the past, a lot of the research has been confined to adult gay males -- to properly assess and meet the needs of gay, lesbian, bisexual, and transgendered youth, more information is needed

    - The McCreary Center Society has recently conducted a youth survey for gay, lesbian, bisexual, transgendered, and questioning youth in B.C. -- results are currently being compiled

    - Amy Rein, clinical psychology Ph.D. candidate, with North Surrey Mental Health, is currently completing her dissertation, which examines gay and lesbian youth suicide risk factors

    - some examples of other research projects which could be done in our region...
      - determine local school drop-out rates for gay, lesbian, bisexual, and transgendered youth and find the root cause
      - estimate how many homeless youth there are in the region and how many are gay, lesbian, bisexual, and transgendered
      - examine sexual orientation as a possible causative factor when investigating youth suicides (family members often either do not know or are unwilling to discuss this)

7. Summary

Gay, lesbian, bisexual, and transgendered youth are largely unsupported by health service providers, educators, and parents. Discrimination and prejudice stemming from a lack of accurate information is the norm, although small pockets of support are growing in number. The prevalence of gay, lesbian, bisexual, and transgendered youth is estimated to be about 5 to 10% of the general population.

Health risks are significantly higher for gay, lesbian, bisexual, and transgendered youth and are largely attributed to the societal discrimination. Health risks include depression, suicide, verbal and physical assault, school drop out, homelessness, substance abuse, and HIV infection.

Individual health service providers can do much on their own to affect these issues and help individual gay, lesbian, bisexual, and transgendered youths. However, regional health boards, the Ministry for Children and Families, and the Ministry of Education also must become involved and must work together to develop policies and strategies to improve the health of this group. Such strategies include: educating health service providers, school staff, and the general public; promoting acceptance in schools and society in general; strengthening self-help networks; and conducting further research into health issues related to the needs of this group.

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SCHOOL DISTRICT NO. 36 (SURREY)

Schedule 2 (e)

of the

ADMINISTRATIVE MEMORANDUM

(REGULAR)

MEETING DATE: 1997-04-10

TOPIC: NOTICE OF MOTION, TRUSTEE R. PICKERING, RE: GALE BC

The following Notice of Motion is being submitted by Trustee Robert Pickering.

THAT WHEREAS the parents delegate their authority to us as trustees of public education; and

WHEREAS parents have voiced their concern over the use of Gay and Lesbian Educators of British Columbia (GALE BC) resources in the classroom; and

WHEREAS the Gay and Lesbian Educators of British Columbia (GALE BC) resources or resource lists have not been approved for use in School District #36 (Surrey).

THEREFORE BE IT RESOLVED:

THAT all administration, teaching and counselling staff be informed that resources from gay and lesbian groups such as GALE or their related resource lists are not approved for use or redistribution in the Surrey School District.

Respectfully submitted by:

Trustee R. Pickering

RP/lm

Post-it® Fax Note 7671	Date 97-04-08	# of pages ▶ 1
To Peter Ellio	From Kim	
Co./Dept. STA	Co.	
Phone #	Phone #	
Fax # 594-5176	Fax #	

DECLARATION OF FAMILY RIGHTS

THIS DECLARATION IS HEREBY PROCLAIMED AND SERVED UPON THE ADMINISTRATION AND STAFF OF:

[name of school] _____

WHEREAS: The Supreme Court of Canada has stated that: "Parents delegate their parental authority to teachers and entrust them with the responsibility of instilling in their children a large part of the store of learning they will acquire during their development"; and

WHEREAS: Pursuant to The UN Convention on the Rights of the Child, every child has the right to preserve his/her identity as a member of his/her family, and the right to be free from interference with his/her privacy, family, honour and reputation; and

WHEREAS: Section 95(2) of the School Act states: "the highest morality shall be inculcated, but no religious dogma or creed shall be taught in a school or Provincial school"; and

WHEREAS: The 1988 Royal Commission on Education stated: "that neither the provincial school system, nor the helping agencies of government, should usurp in any way the *a priori* rights and responsibilities of parents and the family in providing for the overall care of the young. The family, past and present, remains the most instrumental social institution to provide for the needs of children."; and

WHEREAS: Parents are universally recognized as having primacy in the education of their child(ren), and all participants in the process of education fulfil their duties only with the parents' consent and authorization; and

WHEREAS: Teachers must respect, honour and protect a family's right to instill and uphold their values, which includes their cultural traditions, religious and/or moral beliefs;

NOTICE IS HEREBY GIVEN:

as of this _____day of _____, _____, and until this notice is revoked in writing by the undersigned, that

_____, (birth date)_____,

must not by any teacher or, through the teacher, any other persons or resource materials, or the learning environment, be exposed to and/or involved in any activity or program which:

1. Discusses or portrays the lifestyle of gays, lesbians, bisexual and/or transgendered individuals as one which is normal, acceptable or must be tolerated; and/or

2. Exposes my child to any adverse consequences, including questions, ridicule or hostility for views which arise out of our family's cultural traditions, religious and/or moral beliefs.

FURTHER NOTICE IS GIVEN:

That my child is not to be ostracized or suffer any form of retribution as a result of any provisions made in honouring the restrictions noted above, nor is my child to be approached for his/her consent to participate with the intent to nullify this declaration.

ENFORCING THIS DECLARATION

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ENFORCING THIS DECLARATION

This declaration shall form a permanent part of my child's student files, and that any school personnel who have authority and proximity to my child shall be made aware of the restrictions contained herein. Should this declaration be violated in any manner, intentional or otherwise, legal action may be taken against the teacher or teachers, their administrator(s) and employer(s).

Signed:_____[parent/guardian of child named above]

Please remove this portion and mail it to Citizens Research Institute for registration:

Name: _____ Phone: _____

Address: _____

City _____ Province ___ Postal Code _____

A Declaration of Family Rights has been filed with

[name of school] _____

located in [city] _____on [date] _____

Signed: _____

Mail to: CRI, PO Box 93023 Willowbrook, Langley, BC, V3A 8H2